

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 518600** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
3							53							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
AL							TOTAL IND.							
AL	2						TOTAL DEP.							
AL							TOTAL CLAIMS							
IMS	3													